

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875)

SERIAL NO. 09/807573 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5	1	1				
6		1				
7		1				
8		1				
9	1					
10	1					
11		1				
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41	1					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	12					
TOTAL CLAIMS	16	1	1	1	1	1

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						